

APPLICATION FOR DISABILITY RETIREMENT

FAIRFAX COUNTY POLICE OFFICERS RETIREMENT SYSTEM

10680 MAIN STREET, SUITE 280, FAIRFAX, VA 22030

(703) 279-8200 1-800-333-1633 FAX: (703) 273-3185

INSTRUCTIONS: Type or Print in ink your entries. Complete items 1 through 15 and sign.

1. Last Name		First	Middle	2. Date of Birth	3. Social Security Number
4. Present Address				5. Address to which retirement is to be mailed (if different)	
Home Phone:					
6. Agency and Position				7. Date retirement is to be effective	
8. Date of Employment	9. Has employment been continuous? G Yes G No			10. If no, indicate break(s) in service	
11. Spouse's Name (please provide copy of marriage license)			12. Spouse's Social Security Number		13. Spouse's Birthdate
14. Spouse's Address					
15. Names and Birthdates of Dependent Children (please provide copies of birth certificates)					

Request for Ordinary Disability Retirement:

Under the provisions of the Fairfax County Police Officers Retirement System Ordinance, I hereby apply for Ordinary Disability Retirement because a disability prevents me from performing the duties of my position. The disability is described on the attached form. I have completed five or more years of service for Fairfax County.

_____	_____
Date	Signature of Member

Request for Service-Connected Disability:

Under the provisions of the Fairfax County Police Officers Retirement System Ordinance, I hereby apply for Service-Connected Disability Retirement because of a disability incurred in the performance of my duties which prevents me from performing the duties of my position. The disability is described on the attached form.

_____	_____
Date	Signature of Member